

1	Unified Rate Review v4.2																																																																																																			
2																																																																																																				
3	Company Legal Name:		Aetna Health Inc. (a PA corp.)					State:		KY																																																																																										
4	HIOS Issuer ID:		34822					Market:		Small Group																																																																																										
5	Effective Date of Rate Change(s):		01/01/2018																																																																																																	
6																																																																																																				
7																																																																																																				
8	Market Level Calculations (Same for all Plans)																																																																																																			
9																																																																																																				
10																																																																																																				
11	Section I: Experience period data																																																																																																			
12	Experience Period:		01/01/2016		to		12/31/2016																																																																																													
13			Experience Period		Aggregate Amount		PMPM		% of Prem																																																																																											
14	Premiums (net of MLR Rebate) in Experience Period:		\$0		#DIV/0!		#DIV/0!																																																																																													
15	Incurred Claims in Experience Period		\$0		#DIV/0!		#DIV/0!																																																																																													
16	Allowed Claims:		\$0		#DIV/0!		#DIV/0!																																																																																													
17	Index Rate of Experience Period		\$0.00																																																																																																	
18	Experience Period Member Months		0																																																																																																	
19																																																																																																				
20	Section II: Allowed Claims, PMPM basis																																																																																																			
21			Experience Period		Projection Period: 01/01/2018		to		12/31/2018		Mid-point to Mid-point, Experience to Projection:		24 months																																																																																							
22			on Actual Experience Allowed		Adj't. from Experience to Projection Period		Annualized Trend Factors		Projections, before credibility Adjustment		Credibility Manual																																																																																									
23	Benefit Category		Utilization Description		Utilization per 1,000		Average Cost/Service		PMPM		Pop'l risk Morbidity		Other		Cost		Util		Utilization per 1,000		Average Cost/Service		PMPM																																																																													
24	Inpatient Hospital		Days		0.00		\$0.00		\$0.00		1.400		1.450		1.000		0.939		0.00		\$0.00		\$0.00																																																																													
25	Outpatient Hospital		Visits		0.00		0.00		0.00		1.400		1.450		1.000		0.939		0.00		0.00		1327.68																																																																													
26	Professional		Visits		0.00		0.00		0.00		1.400		1.450		1.000		0.939		0.00		0.00		8742.53																																																																													
27	Other Medical		Visits		0.00		0.00		0.00		1.400		1.450		1.000		0.939		0.00		0.00		5809.46																																																																													
28	Capitation		Benefit Period		0.00		0.00		0.00		1.400		1.450		1.000		0.939		0.00		0.00		14400.81																																																																													
29	Prescription Drug		Prescriptions		0.00		0.00		0.00		1.400		1.438		1.000		0.939		0.00		0.00		14891.19																																																																													
30	Total								\$0.00														\$842.19																																																																													
31																																																																																																				
32	Section III: Projected Experience:				Projected Allowed Claims PMPM (w/applied credibility if applicable)				0.00%				100.00%		\$842.19								After Credibility																																																																													
33					Paid to Allowed Average Factor in Projection Period										0.734								\$50,531																																																																													
34					Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM										\$618.40								\$37,104																																																																													
35					Projected Risk Adjustments PMPM										-0.14								(8)																																																																													
36					Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM										\$618.54								\$37,113																																																																													
37					Projected ACA reinsurance recoveries, net of rein prem, PMPM										0.00								0																																																																													
38					Projected Incurred Claims										\$618.54								\$37,113																																																																													
39					Administrative Expense Load										5.91%								43.57																																																																													
40					Profit & Risk Load										3.18%								23.46																																																																													
41					Taxes & Fees										6.99%								51.52																																																																													
42					Single Risk Pool Gross Premium Avg. Rate, PMPM										\$737.10																																																																																					
43					Index Rate for Projection Period										\$876.78																																																																																					
44					% Increase over Experience Period										#DIV/0!																																																																																					
45					% Increase, annualized:										#DIV/0!																																																																																					
46					Projected Member Months																		60																																																																													
47																																																																																																				
48																																																																																																				
49	Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.																																																																																																			
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Product-Plan Data Collection

Company Legal Name:
 HIOS Issuer ID:
 Effective Date of Rate Change(s):

Aetna Health Inc. (a PA corp.)
34822
01/01/2018

Product/Plan Level Calculations**Section I: General Product and Plan Information**

Product		Aetna POS
Product ID:		34822KY006
Metal:		Silver
AV Metal Value		0.708
AV Pricing Value		0.875
Plan Category		Renewing
Plan Type:		POS
Plan Name		KY Silver HNOption 5000 80/50
Plan ID (Standard Component ID):		34822KY0060007
Exchange Plan?		No
Historical Rate Increase - Calendar Year - 2		0.00%
Historical Rate Increase - Calendar Year - 1		12.37%
Historical Rate Increase - Calendar Year 0		22.28%
Effective Date of Proposed Rates		01/01/2018
Rate Change % (over prior filing)		15.82%
Cum'tive Rate Change % (over 12 mos prior)		22.28%
Proj'd Per Rate Change % (over Exper. Period)		0.00%
Product Rate Increase %		22.27%

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	34822KY0060007
Inpatient	#DIV/0!	\$24.57
Outpatient	#DIV/0!	\$25.88
Professional	#DIV/0!	\$21.82
Prescription Drug	#DIV/0!	\$21.61
Other	#DIV/0!	\$150.49
Capitation	#DIV/0!	\$0.21

Administration	#DIV/0!	-\$11.96
Taxes & Fees	#DIV/0!	-\$19.01
Risk & Profit Charge	#DIV/0!	\$0.06
Total Rate Increase	#DIV/0!	\$213.67
Member Cost Share Increase	#DIV/0!	\$68.23

Average Current Rate PMPM	\$570.61	\$570.61
Projected Member Months	60	60

Section III: Experience Period Information

Plan ID (Standard Component ID):	Total	34822KY0060007
Plan Adjusted Index Rate	#DIV/0!	\$0.00
Member Months	0	0
Total Premium (TP)	\$0	\$0
EHB Percent of TP, [see instructions]	#DIV/0!	100.00%
state mandated benefits portion of TP that are other than EHB	#DIV/0!	0.00%
Other benefits portion of TP	#DIV/0!	0.00%
Total Allowed Claims (TAC)	\$0	\$0
EHB Percent of TAC, [see instructions]	#DIV/0!	100.00%
state mandated benefits portion of TAC that are other than EHB	#DIV/0!	0.00%
Other benefits portion of TAC	#DIV/0!	0.00%
Allowed Claims which are not the issuer's obligation:	\$0	\$0
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	
Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	
Total Incurred claims, payable with issuer funds	\$0	\$0
Net Amt of Rein	\$0.00	\$0.00
Net Amt of Risk Adj	\$0.00	\$0.00

Incurred Claims PMPM	#DIV/0!	\$0.00
Allowed Claims PMPM	#DIV/0!	\$0.00
EHB portion of Allowed Claims, PMPM	#DIV/0!	\$0.00

ation IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	34822KY0060007
Plan Adjusted Index Rate	\$767.37	\$767.37
Member Months	60	60
Total Premium (TP)	\$44,226	\$44,226
EHB Percent of TP, [see instructions]	100.00%	100.00%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%
Total Allowed Claims (TAC)	\$50,531	\$50,531
EHB Percent of TAC, [see instructions]	100.00%	100.00%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%
Allowed Claims which are not the issuer's obligation	\$13,648	\$13,648
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%
Total Incurred claims, payable with issuer funds	\$36,883	\$36,883
Net Amt of Rein	\$0	\$0
Net Amt of Risk Adj	-\$8	-\$8

State: **KY**
Market: **Small Group**





